MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

NOV 25 1935

Do not use this space.

32591

1. PLACE OF DEATH
County JACKSON
Registration District No. 398
Township
Primary Registration District No. 3019
City INDEPENDENCE (No. 723 N. UNION St. Ward)
File No.
Registered No. 328

2. FULL NAME FREDERICK HANSON
(a) Residence, No. 723 N. UNION St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? 67 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ CHRISTINA HANSON

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 - 22 - 1848

7. AGE: YEARS 87 | MONTHS 1 | DAYS 1 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER & STOCKMAN
10. Date deceased last worked at this occupation (month and year) 25 YEARS
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) SIERSLOW SELLAND (STATE OR COUNTRY) DENMARK

FATHER
13. NAME HANS HANSON
14. BIRTHPLACE (CITY OR TOWN) NO RECORD (STATE OR COUNTRY) DENMARK

MOTHER
15. MAIDEN NAME AGNES JENSEN
16. BIRTHPLACE (CITY OR TOWN) NO RECORD (STATE OR COUNTRY) DENMARK

17. INFORMANT MISS ETHEL HANSON
(ADDRESS) 723 N. UNION INDEP. MO.

18. BURIAL, CREMATION, OR REMOVAL
PLACE HOLDEN MISSOURI DATE OCT. 26, 1935

19. UNDERTAKER STAHL'S FUNERAL HOME.
(ADDRESS) 815 N. MAPLE AVE. INDEP. MO.

20. FILED 10-25-1935 J. L. Cook
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) OCT. 23, 1935 .19

22. I ~~HEREBY~~ CERTIFY, That I attended deceased from Oct 1, 1935, to Oct 23, 1935
I last saw him alive on Oct. 21, 1935. Death is said to have occurred on the date stated above, at MIDNIGHT
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocardial insufficiency	Oct 1, 1935

Other contributory causes of importance: Senile arteriosclerosis

Name of operation None Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) John G. Green, M. D.
(Address) Independence, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD